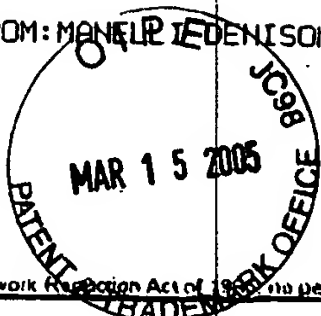


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**REVOCATION OF POWER OF
 ATTORNEY WITH
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 AND
 CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|-----------------|
| Application Number | 09/694,297 |
| Filing Date | 10/24/00 |
| First Named Inventor | ZOMBEK |
| Art Unit | 2155 |
| Examiner Name | BATES, Kevin T. |
| Attorney Docket Number | 20-568 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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OR

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 Individual Name

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☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Bruce White

Name

Bruce White, TSYS Acquisition Corp.

Date

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410-280-1224

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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